| TRANSMITTAL LETTER  |                    |                      |                        |                     |              | Docket No.<br>2815-0349PUS1 |  |
|---|--------------------|----------------------|------------------------|---------------------|--------------|-----------------------------|--|
| Application No.   |                    | Filing Date          |                        | Examine             | 1            | Art Unit                    |  |
| 10/568,148 - Conf. #7783  |                    | June 9, 2006         |                        | N. RAHMA            | NI           | 1625                        |  |
| pplicant(s): Dan  | PETERS et a        |                      |                        |                     |              |                             |  |
| vention: NOVEL  | _ QUINUCLIDII      | NE DERIVATI          | VES AND TH             | EIR PHARMACEI       | JTICAL US    | E                           |  |
| ommissioner for l<br>.O. Box 1450<br>lexandria, VA 223  |                    |                      |                        |                     |              |                             |  |
| oplication.   |                    |                      |                        | Interview in the al | bove-identif | ied                         |  |
| The fee has beer  | n calculated an    |                      |                        |                     |              |                             |  |
|   | Claims             | Highest              | S AS AMEN              | <u>יבט</u>          |              |                             |  |
|   | Remaining<br>After | Number<br>Previously | Number<br>Extra Claims |                     |              |                             |  |
| Total Claims  | Amendment<br>7     | Paid - 20 =          | Present<br>0           | Rate                |              |                             |  |
| Independent   |                    |                      | <u> </u>               | X                   |              |                             |  |
| Claims  | 1                  | - 3 =                | 0                      | X                   | _            |                             |  |
| Multiple Depend   | dent Claims (ch    | eck if applicabl     | le)                    |                     |              |                             |  |
| Other fee (pleas  | e specify):        |                      |                        |                     |              |                             |  |
| TOTAL ADDIT   | IONAL FEE FO       | OR THIS AME          | NDMENT:                | <del> </del>        |              |                             |  |
| Large Entity  |                    |                      |                        | Small Entit         | У            |                             |  |
| No additiona  | al fee is require  | d for this ame       | ndment.                | <b></b>             | •            |                             |  |
| $\vdash$  | ge Deposit Acc     |                      |                        | n the amount of \$  |              |                             |  |
|   | copy of this she   |                      | ··                     | Title amount of \$  |              | <del></del> •               |  |
| A check in the  | ne amount of \$    |                      | is enclo               | sed.                |              |                             |  |
| Payment by  | credit card. Fe    |                      |                        |                     |              |                             |  |
| X The Director  | · is hereby auth   | norized to char      | ge and credit          | Deposit Account     | No. 02-      | -2448                       |  |
| as described  | •                  |                      | J                      | •                   |              |                             |  |
| x Credit a  | ny overpaymer      | nt.                  |                        |                     |              |                             |  |
| x Charge a  | any additional fil | ing or applicatio    | on processing          | fees required under | 37 CFR 1.1   | 6 and 1.17.                 |  |
| m   |                    |                      |                        | Dated:              | March 4      | 2010                        |  |
| MaryAnne Arm<br>Attorney Reg. N   | <b>.</b>           |                      |                        | <b>Datos</b> :      | Wal on 1     | , 2010                      |  |
| BIRCH, STEWA<br>8110 Gatehouse<br>P.O. Box 747<br>Falls Church, VA<br>United States<br>703-205-8000 | Road, Suite 10     |                      |                        |                     |              |                             |  |